

RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME

CANDIDATE/AUTHORIZED COMMITTEE FORM

FORM TO BE COMPLETED AT TIME OF ORDER AND PLACED IN POLITICAL/ PUBLIC INSPECTION FILE

1. **Date of Request:** 10/10/2016
2. **Name of Agency making the Request:** Screen Strategies Media
3. **Address of Agency making the Request:** 11150 Fairfax Blvd., Suite 505
Fairfax, VA 22030
4. **Name of Agency Contact making the Request:** _____
5. **Telephone Number of Agency Contact making the Request:** 703-272-7300
6. **Name of Candidate:** Suzan Delbene
7. **Name of Candidate's Authorized Committee:** DelBene for Congress
8. **Name of Treasurer of Candidate's Committee:** Phil Lloyd
9. **Legally-Qualified Candidate for the Office of:** Us Represenative
In the County of: Wa-1
10. **Election:**

PRIMARY ELECTION	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
GENERAL ELECTION	<input checked="" type="checkbox"/>	Democrat	<input checked="" type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
CAUCUS	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
11. **Request to Purchase Time:** ☒ ACCEPTED BY SYSTEM ☐ REJECTED BY SYSTEM
12. **Reason for Rejection:**

13. **If request to purchase time is ACCEPTED attach a copy of (i) the Insertion Order/Agreement including schedule of time purchased, rates charged, class of time purchased, (ii) Invoice, and (iii) Affidavit of Performance indicating dates and times the advertisement aired.**

Signed: _____
Signature of Individual Receiving Request

Date: _____